

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		1				
4						
5						
6						
7						
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10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22		2				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.		2				
TOTAL CLAIMS	1	2				

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		1				
60		1				
61		2				
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98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.		25				
TOTAL CLAIMS	3	25				